

ADA CANYON MEDICAL EDUCATION CONSORTIUM

305 West Jefferson Street

Boise, ID 83702

Program Evaluation Form

TOPIC:

SPEAKER:

DATE:

PROGRAM OBJECTIVES:

Please circle the number which best represents your evaluation of this learning activity:

		Unsatisfactory		Satisfactory		Excellent
		1	2	3	4	5
1.	Overall program organization and presentation	1	2	3	4	5
2.	Visual aids/Handout material	1	2	3	4	5
3.	Speaker's competence and expertise	1	2	3	4	5
4.	Adequate time for questions	1	2	3	4	5
5.	Practical application for your professional needs	1	2	3	4	5
6.	Program objectives were met	1	2	3	4	5
7.	Questions were answered	1	2	3	4	5

Comments: _____

Suggestions for Future Topics: _____
